



**STATE OF NEW HAMPSHIRE  
NEW HAMPSHIRE BOARD OF NURSING**

21 S FRUIT ST STE 16  
CONCORD NH 03301-2431

Webpage: <http://www.state.nh.us/nursing>

TDD Access: Relay NH 1-800-735-2964

**Nursing** 603-271-2323

**Nurse Asst.** 603-271-6282

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**EDUCATIONAL REPORTING FORM**

(To be used when making a formal complaint regarding a board approved education program or board approved faculty)

**I. Person/Agency Registering Complaint:**

**Date:** \_\_\_\_\_

Name & Title: \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

**II. Complaint Registered Against:**

Name of Faculty: \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_

Title of Faculty: \_\_\_\_\_

Name of Educational Program: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

**III. Location of Incident Leading to Formal Complaint:**

\_\_\_\_\_  
(Location) (Date) (Time)

**IV. Witnesses/Observers:**

<u>Name:</u>	<u>Job Title:</u>	<u>Home Address:</u>	<u>Home Telephone No:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**V. Violation of:**

**Statute**

326-B:27 (IV) (V)

**Administrative Rule**

Nur 501.03 General Ethical Standards

Nur 601 Nursing Education Programs

Nur 602 Program Approval

Nur 706 Educational Programs for Nursing Assistants

Nur 900 Certificate of Medication Administration for Licensed Nursing Assistants and Medication Nursing Assistant Program

**Summary of Complaint:**

(Please include reference to the section of the statute and/or rule that you believe has been violated)

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I have read the preceding and affirm it is true to the best of my knowledge and pursuant to RSA326-B:27 and Nur 204.03 (a), have sent a copy of this complaint to the Respondent by regular mail or hand delivery.

\_\_\_\_\_  
**Signature of Complainant**

\_\_\_\_\_  
**Date**